FORM D	///	OMB APPROVAL
	UNITED STATES	OMB Number: 3235-0076
SE	CURITIES AND EXCHANGE COMMISSION	Expires: April 30, 2008
	Washington, D.C. 20549	Estimated average burden
RECEIVED		hours per response: 16.00
= w /3/	FORM D	
SEP 10 200	NOTICE OF SALE OF SECURITIES	SEC USE ONLY
90 V	PURSUANT TO REGULATION D,	Prefix Serial
	SECTION 4(6), AND/OR	
TO THE SAME	ORM LIMITED OFFERING EXEMPTION	DATE RECEIVED
_		
Name of Offering (C) check if this is an a	mendment and name has changed, and indicate change.)	
	Offshore L.P.: Limited Partnership Interests	
Filing Under (Check box(es) that apply):		☐ Section 4(6) ☐ ULOE
Гуре of Filing: 🛛 New Filing 🔲 🛭 🗚	mendment	
	A. BASIC IDENTIFICATION DATA	
. Enter the information requested about		
Name of Issuer (check if this is an a	mendment and name has changed, and indicate change.)	
Non-US Equity Managers: Portfolio 4 (
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)
	, One New York Plaza, New York, New York 10004	(212) 902-1000
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business	,	PROCES
To operate as a private investment f	und.	B 1100E00
	- LUTER-W	SEP 2 5 20
Type of Business Organization		
☐ corporation ☐ business trust	☐ limited partnership, already formed	other (please specify): THOMSO
Li business trust	☐ limited partnership, to be formed	Exempted Limited PartnershipNANCIA
	Month Year	
Actual or Estimated Date of Incorporation	or Organization: 0 6 0 7	☑ Actual □ Estimated
Jurisdiction of Incorporation or Organizat	ion: (Enter two-letter U.S. Postal Service abbrevia	tion for
, 5	State: CN for Canada; FN for other foreign jur	
GENERAL INSTRUCTIONS		
Federal:		
	g of securities in reliance on an exemption under Regulation I	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
7d(6).	_	
When To File: A notice must be filed no late	r than 15 days after the first sale of securities in the offering.	A notice is deemed filed with the U.S. Securities and
ue, on the date it was mailed by United States	the date it is received by the SEC at the address given below o	r, if received at that address after the date off which it is
	Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
	ice must be filed with the SEC, one of which must be manu	ally signed. Any copies not manually signed must be
photocopies of the manually signed copy or be	ar typed or printed signatures.	
information Required: A new filing must cont	ain all information requested. Amendments need only report the	
•	naterial changes from the information previously supplied in Pa	arts A and B. Part E and the Appendix need not be filed
vith the SEC. Filing Fee: There is no federal filing fee.		
State:		
This notice shall be used to indicate reliance of	n the Uniform Limited Offering Exemption (ULOE) for sales of	f securities in those states that have adopted ULOE and

shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice **ATTENTION**

that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: 2. Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) GSAM (GMS Cayman GP) Ltd. (the Issuer's General Partner) Business or Residence Address (Number and Street, City, State, Zip Code) Walkers SPV Limited, Walker House, P.O. Box 908GT, Mary Street, George Town, Grand Cayman, Cayman Islands ☑ Beneficial Owner □ Executive Officer □ Director □ Check Box(es) that Apply: □ Promoter General and/or Managing Partner Full Name (Last name first, if individual) The Carol A. Ammon Foundation Business or Residence Address (Number and Street, City, State, Zip Code) 2711 Centerville Rd., Suite 400, Wilmington, DE 19899 Beneficial Owner □ Executive Officer □ Director □ General and/or Check Box(es) that Apply: ☐ Promoter ablaManaging Partner Full Name (Last name first, if individual) **Morris Foundation** Business or Residence Address (Number and Street, City, State, Zip Code) 6964 E. Stagecoach Pass, Carefree, AZ 85377-5766 ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Rodney B. & Marjorie S. Fink CRUT Business or Residence Address (Number and Street, City, State, Zip Code) 360 South Ocean Blvd., Apt. 3-B, Palm Beach, FL 33480 ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* Director General and/or Check Box(es) that Apply: Managing Partner * of the Issuer's General Partner Full Name (Last name first, if individual) Aakko, Markus (Number and Street, City, State, Zip Code) Business or Residence Address c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, New York 10004 General and/or ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* Director Check Box(es) that Apply: * of the Issuer's General Partner Managing Partner Full Name (Last name first, if individual) Gottlieb, Jason Business or Residence Address (Number and Street, City, State, Zip Code) c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, New York 10004 Executive Officer* General and/or Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☑ Director Managing Partner * of the Issuer's General Partner Full Name (Last name first, if individual) Kelly, Edward (Number and Street, City, State, Zip Code) Business or Residence Address c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, New York 10004

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: 2. Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or ☐ Beneficial Owner Executive Officer* Director Check Box(es) that Apply: ☐ Promoter * of the Issuer's General Partner Managing Partner Full Name (Last name first, if individual) Kramer, J. Douglas Business or Residence Address (Number and Street, City, State, Zip Code) c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, New York 10004 Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☑ Executive Officer* Director General and/or * of the Issuer's General Partner Managing Partner Full Name (Last name first, if individual) Ross, Hugh M. Business or Residence Address (Number and Street, City, State, Zip Code) c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, New York 10004 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☑ Executive Officer* Director General and/or Managing Partner * of the Issuer's General Partner Full Name (Last name first, if individual) Wade, Matthew Business or Residence Address (Number and Street, City, State, Zip Code) c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, New York 10004 ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Beneficial Owner □ Executive Officer □ Director General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner □ Executive Officer □ Director □ ☐ Promoter General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

•	· · · · · ·			B. IN	FORMAT	ION ABO	OUT OFF	ERING				
**-											Yes	No
1. Has th	ne issuer sold	d, or does th	ne issuer inte	end to sell,	to non-accr	edited inves	stors in this	offering?				Ø
Answer also in Appendix, Column 2, if filing under ULOE.												
	2. What is the minimum investment that will be accepted from any individual? *The General Partner, may accept subscriptions below the minimum, provided no subscriptions shall be less than U.S. \$50,000 (or an amount specified by Cayman Islands Law).							\$	100,000*			
											Yes	No
3. Does	the offering	permit join	t ownership	of a single	unit?						Ø	0
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name	e (Last name	first, if ind	lividual)		,							
Goldman	, Sachs & C	.o.*										
			1.1.41	-L G-13	Cb 0	0			1 - 4!41	! 3:	f1	-:4:
	h the securi r in any jur		sold throu	gh Goldma	ın, Sachs &	Co., no co	mmissions	will be paid	i, airectly o	r indirecti	y, tor son	citing any
	or Residence		Number and	Street, Cit	y, State, Zip	Code)						
85 Broad	Street, Nev	v York, Ne	w York 100	004								
	Associated E									•		
States in V	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers			· · · · · · · · · · · · · · · · · · ·			
	'All States"											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last name	first, if ind	lividual)									
Business of	or Residence	Address (1	Number and	Street, City	y, State, Zip	Code)			,			
					······································							
Name of A	Associated E	roker or De	ealer									
	Which Perso											
•	All States"			•								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	(NM) [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
	e (Last name			[IA]	[01]	[1 1]	[VA]	[WA]			["1]	[I K]
	`	•	·									
Business of	or Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
		·			· · · · · ·	·						
Name of A	Associated E	roker or De	ealer						· · · · · · · · · · · · · · · · · · ·	<u> </u>	-	
	Which Perso All States" of											☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R]]	(SC)	[SD]	[TN]	ITXI	IUTI	[VT]	[VA]	FWA1	rwvi	rwn	(WY)	(PR)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price			Amount Already Sold
	Debt	\$	0	. 9	s _	0
	Equity (Shares)	\$	0		,	0
	☐ Common ☐ Preferred	_		•		
	Convertible Securities (including warrants)	\$_	0	. 5	§ _	0
	Partnership Interests	\$_	13,142,000	. 5	5 _	13,142,000
	Other (Specify:)	\$_	0	. 5	.	0
	Total	\$_	13,142,000	. 9	\$ _	13,142,000
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggregato
			Number Investors			Aggregate Dollar Amount of Purchases
	Accredited Investors	_	10	. 9	§ _	13,142,000
	Non-accredited Investors	_	0	. 5	§ _	0
	Total (for filings under Rule 504 only)	_	N/A	. \$	§ _	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	_		-		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Towns of			Dellas Assaura
	Type of offering		Type of Security			Dollar Amount Sold
	Rule 505		N/A	. 5	<u> </u>	N/A
	Regulation A		N/A	5	5	N/A
	Rule 504	_	N/A	. 5	s —	 N/A
	Total		N/A		- -	N/A
tl tl	.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_		-	_	
	Transfer Agent's Fees			5	§ _	0
	Printing and Engraving Costs			5	§ _	0
	Legal Fees		Ø	9	§ _	10,613
	Accounting Fees			5	5 _	0
	Engineering Fees.			5	.	0
	Sales Commissions (specify finders' fees separately)			5	\$ <u>_</u>	0
	Other Expenses (identify)			5	.	0
	Total		Ø	5	§ _	10,613

	C. OFFERING PRICE, N	NUMBER OF INVESTORS, EX	PENS	ES A	ND USE OF PE	ROCE	EDS		
	b. Enter the difference between the aggreg - Question 1 and total expenses furnished difference is the "adjusted gross proceeds to	in response to Part C - Question 4	.a. Th	is		\$_		13,131,387	
5.	Indicate below the amount of the adjusted to be used for each of the purposes shown. furnish an estimate and check the box to payments listed must equal the adjusted groto Part C - Question 4.b. above.	If the amount for any purpose is no the left of the estimate. The total	t know il of th	n, ne					
					Payments to Officers, Directors, & Affiliates			Payments To Others	
	Salaries and Fees		. 🗆	\$_	0		\$_	0	
	Purchase of real estate		. 🗆	\$_	0		\$_	0	
	Purchase, rental or leasing and installation of	of machinery and equipment	. 🗆	\$_	0		\$_	0	
	Construction or leasing of plant buildings a	nd facilities	. 🗆	\$_	0		\$_	0	
	Acquisition of other businesses (including this offering that may be used in exchan another issuer pursuant to a merger)	ge for the assets or securities of		\$	0		\$	0	
	Repayment of indebtedness		. 🗖	\$	0		\$	0	
	Working capital			s -	0		s -	0	
	Other (specify): Investment Capital			s -	0	2 7	\$	13,131,387	
	Column Totals			\$ \$	0	2	\$	13,131,387	
Total Payments Listed (column totals added)						13,131,387			
		D. FEDERAL SIGNATU	JRE						
f	the issuer has duly caused this notice to be bellowing signature constitutes an undertaking f its staff, the information furnished by the issuer.	by the issuer to furnish to the U.S.	Securit	ies an	d Exchange Comm	iission,	upon		
No	uer (Print or Type) n-US Equity Managers: Portfolio 4 Shore L.P.	Signature Constitution of the Signature			Date September //2, 20	07			
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)			l				
Ca	roline Kraus	Assistant Secretary of the Issuer's	Gener	al Pa	rtner				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

END